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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 : (850)224-8870 Phone

Fax Number : (850)224-7047

## FLORIDA PROFIT/NON PROFIT CORPORATION

Klemish Consulting, Inc.

Certificate of Status	0
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DIVISION OF CORPORATIONS

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# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I: NAME

The name of the corporation shall be:

Klemish Consulting, Inc.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6445 South Chickseaw Trail, #333 Orlando, FL 32829

#### ARTICLE III: SHARES

The amount of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares Having No Par Value

## ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

John Klemish 6445 South Chickesaw Trail, #333 Orlando, FL 32829

## ARTICLE V: INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

John Klemish 6445 South Chickaraw Trail, #333 Orlando, FL 32829 AUG. 8. 2007 10:00AM

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the Directors is:

John Klemish 6445 South Chickaraw Trail, #333 Orlando, FL 32829

#### ARTICLE VI: SPECIFIC PURPOSE FOR A CORPORATION

The business purpose of the corporation shall be:

Any and all lawful business ectivities,

EFFECTIVE DATE:

The effective date of the corporation is August 6, 2007.

Signature/Incorporator

100

Date

Having been named a registered agent and to accept services of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions and all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations as my position as registered agent.

Signature Registered Agent

Data |